1999 STATEWIDE HOSPITAL AND AMBULANCE GENERAL EMERGENCY READINESS EXERCISE

EXERCISE GUIDE

AMBULANCE VERSION



UPDATED REVISION AUGUST 20, 1999



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July 29, 1999

Subject: September 16, 1999, Statewide Ambulance Y2K Disaster Exercise

The governor's Office of Emergency Services (OES), the state Emergency Medical Services Authority (EMSA) and the state Department of Health Services are working with CAA to conduct the first statewide disaster exercise in California on Thursday, September 16, 1999. The purpose of the statewide exercise is for all ambulance companies to assess effectiveness and evaluate readiness of their year 2000 (Y2K) contingency plans and emergency preparedness. The exercise also will enable ambulance companies and governmental agencies to jointly assess emergency communication linkages.

The participating state agencies are in the process of contacting local OES offices, local health officers, local EMSA offices, operational area disaster medical/health coordinators and regional disaster medical/health specialists to solicit their participation in this exercise. Specific points of contact will be identified in the medical community and for local/state government.

Ambulance companies will receive material for this exercise in mid-August. State and local officials plan to conduct pre-exercise meetings to review materials and answer questions. Following the exercise, aggregate findings and results, based on evaluations, will be shared with participating ambulance companies as well as state and local Emergency Medical Services personnel so all interested parties can better evaluate their readiness and make any necessary changes to address Y2K issues.

The California Ambulance Association encourages your participation in this important exercise. Additional information and a brief pre-exercise survey will also be sent to you in mid-August. If you have any questions, please do not hesitate to contact me at the CAA offices in Sacramento at 916.483.3852.

Thank you for your time and anticipated participation in this important exercise.

Sincerely,

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David a. Revins

President

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STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY 1999 STATEWIDE Y2K HOSPITAL READINESS EXERCISE

EXERCISE OBJECTIVES FOR AMBULANCE SERVICE PROVIDERS

MANDATORY

At the conclusion of the exercise, providers must have addressed objectives I - V:

OBJECTIVE I:

Implemented your disaster plan.

OBJECTIVE II:

Assessed the back-up generator system.

OBJECTIVE III:

Utilized alternative communications (other than telephones) to reach ambulance crews, the County Emergency Operations Center and hospitals.

OBJECTIVE IV:

Assessed back-up systems or techniques to handle potential problems associated with at least one computer system critical to operations.

OBJECTIVE V:

Assessed the ability to respond to a large influx of patients and subsequent hospital overcrowding with patient redirection.

OPTIONAL

At the conclusion of the exercise, ambulance service providers may have also addressed objectives VI - X:

OBJECTIVE VI:

Assessed the ability to respond to a hazardous materials release as a result of Y2K problems, including patient decontamination and transport.

OBJECTIVE VII:

Identified personnel that will be immediately available to handle unforseen Y2K issues and maintain operations.

OBJECTIVE VIII:

Established alternative communications between ambulance personnel and health care facilities.

OBJECTIVE IX:

Determined whether sufficient medical supplies (including pharmaceuticals) will be available if there is an increase in patient volume or a disruption in resupply.

OBJECTIVE X:

Identified the potential need to assist hospitals to evacuate patients as result of an internal disaster.



STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY 1999 STATEWIDE Y2K HOSPITAL READINESS EXERCISE

MASTER SEQUENCE OF EVENTS LIST

This year, your operation is invited to participate in a Statewide exercise designed to assess California's health care provider's preparedness to remain functional if significant problems result from Y2K failures. The exercise is scheduled for Thursday, September 16, 1999 from 10:00 a.m. to 3:00 p.m. The scenario is simulating events occurring on New Year's Eve, December 31, 1999.

Exercise Information

Thursday, September 16, 1999

Real Time*: (Simulated Exercise Time)

0800 hrs. The Exercise Ambulance Availability Form will be completed by each provider (Attachment

XI) and then will be transmitted by fax to the designated county representative/agency. Please note, these values represent "real-time" counts assessed at 0800 hrs.

0830 hrs. The Exercise Ambulance Availability Form will be transmitted via fax to the normal

designated county representative/agency. <u>Please note, these values represent "real-time"</u> counts assessed at 0800 hrs. (Each county will identify the contact representative/agency to

be faxed).

1000 hrs -Exercise scenario is initiated by individual providers.

Optional local scenarios are initiated by ambulance providers, hospitals, county, and regional 1400 hrs.

government

(Core exercise elements and optional elements should be implemented during this time.)

1130 hrs. (2330 hrs. December 31) Millennium party goers are becoming rowdy. (Refer to scenario.)

Hospital emergency departments are overcrowded with injured patients. Ambulances are

redirected to other facilities.

1200 hrs. (2400 hrs. December 31) A rolling brown out occurs (*Providers have the flexibility to decide*

what systems are impacted in their respective operations and the duration of the brown out). Telephones are working intermittently. At least one computer system fails and a back-up

system must be initiated.

1500 hrs. (0300 hrs. January 1) Exercise is concluded.**

*Real Time: Actual exercise time.

Simulated Exercise Time: Hypothetical event time simulating potential Y2K events.

Additional scenario information may extend the "exercise time" beyond the Master Sequence of Events List (MSEL), based on the needs of each organization to test their readiness. However, the MSEL time line, and communications anticipated from the ambulance providers, must still be met within the "real time" schedule listed above. Discussions and responses for scenarios after January 1 should not disrupt the master schedule.

STATE OF CALIFORNIA SEMERGENCY MEDICAL SERVICES AUTHORITY 1999 STATEWIDE Y2K HOSPITAL READINESS EXERCISE

WEDICAL SERVICES

EXERCISE SCENARIO

It is December 31, 1999. The governmental infrastructure in California has been working for the past two years on problems that may result from computer systems that have not been enhanced to account for a four-digit year (i.e. 2000). The State, regional, and counties' Emergency Operations Centers have been activated. Television and radio stations are being monitored closely by disaster coordinators to track the Y2K problems occurring in other states and cities throughout the country. California has the advantage that January 1, 2000 has been celebrated 18 hours earlier in Australia, 3 hours earlier in New York City, and 2 hours earlier in Chicago.

<u>0030 hours</u> EST: New York City, New York--January 1, 2000 - New York City is reporting sporadic power outages throughout the City. It is not clear whether the outages are due to a cold weather front hammering the eastern seaboard or to Y2K. Two hospitals are on emergency power. Unprecedented crowds have gathered around Times Square. The NYPD is on full tactical alert. NYPD is reporting many small incidents of disorderly crowds where arrests have been handled quickly. Multiple traffic accidents have occurred due to traffic signal failure and extremely heavy traffic congestion. All traffic light computers failed temporarily at 0001. Planes at LaGuardia Airport are being diverted to John F Kennedy Airport because the computers in the traffic control tower failed briefly at midnight. Planes are being diverted until computers have been thoroughly checked.

<u>0100 hours</u> **CST: Chicago, Illinois--January 1, 2000 -** Chicago is reporting a rolling brown out. The 9-1-1 computerized dispatch system has malfunctioned. A back-up manual system is being utilized, although there is a report that 9-1-1 responses have been prolonged due to bad weather and heavy New Year's Eve traffic. Telephone lines and electrical power are functional. Gas heating systems are not working.

<u>2000 hrs</u> PST: Everywhere City, California--January 1, 1999 (Exercise "real time": 0800 hrs) Ambulance service providers are advised that due to anticipated major incidents occurring throughout the county, they must provide authorities with the status of their ambulances and their availability. *See Exercise Ambulance Availability Form, Attachment XI*).

2200 hours PST: Everywhere City, California--December 31, 1999 (Exercise "real time": 1000 hrs) - New Year's Eve celebrations have been planned at virtually every major venue throughout the State. Record crowds are lining the streets in Pasadena to see the Rose Parade in the morning. Many Bay Area cities are expecting record crowds to congregate at various millennium celebration events. Lake Tahoe is expecting a record crowd of 150,000. California is experiencing a cold front coming from Alaska. Heavy storms are moving from

Northern to Southern California. Two inches of rain are expected before morning in practically every area of the State. Heavy fog conditions are impacting the Fresno area. Mountainous areas are experiencing blizzard conditions. Emergency Departments have been inundated with flu patients and traffic accident victims.

(EACH AMBULANCE PROVIDER SHOULD INSERT ADDITIONAL INFORMATION INTO THIS PART OF THE SCENARIO TO MAKE IT PERTINENT TO THEIR OPERATION.)

2330 hours PST: Everywhere City, California--December 31,1999 (Exercise "real time": 1130 hrs) - Rowdy party-goers are swarming major entertainment areas. Guns are being fired. There are reports that store front windows have been broken and some looting has occurred. A number of cars have been overturned and are on fire. Large numbers of law enforcement officers are responding and attempting to disperse the crowds. A news helicopter is overhead and live news from the scene is being broadcasted over local network TV. (EACH AMBULANCE PROVIDER SHOULD INSERT ADDITIONAL INFORMATION INTO THIS PART OF THE SCENARIO TO MAKE IT PERTINENT TO THEIR OPERATION.)

2400 hrs PST: Everywhere City, California--December 31, 1999 (Exercise "real time": 1200 hrs) - A rolling brown out has occurred throughout California beginning at midnight. Power companies are unable to identify the specific cause and do not know how long this situation will continue. While they hope to have the problem resolved within the next several hours, it could persist in some areas for as much as 72 hours. Many hospitals are on emergency generators. Many of the smaller cities' Public Service Answering Points (PSAPs) 9-1-1 have malfunctioned. Response delays are occurring for both fire and police. Additional reports have arrived that numerous airports have grounded outgoing flights from major airports in each county. Incoming flights are being rerouted to Las Vegas until the weather system passes. Telephones, cellular phones, and internet communication systems are sporadically going out due, presumably, to extreme weather conditions. There have been reports of isolated hazardous materials releases from manufacturing plants throughout the State due to non-Y2K-compliant computer systems.

A significant number of hospitals that rely on computerized registration in the emergency department and for ordering laboratory tests are reporting computer failures. Telephones are working sporadically, making it difficult to reach specialists on the on-call panel. Many hospital personnel are bringing younger children to work because of the brown out conditions. Police and rescue personnel are arriving at hospitals unannounced with injured party-goers. Some hospitals are reporting elevator failures. Hospitals are experiencing an influx of patients due to several factors: the flu season is at its height, multiple traffic accidents and injured Y2K party-goers, and local skilled nursing facilities are evacuating because of loss of power. Most hospitals had anticipated supplies needed for the long holiday weekend, but some are concerned that supplies are being used faster than normal because of the heavy influx of patients. (EACH AMBULANCE PROVIDER SHOULD INSERT ADDITIONAL INFORMATION INTO THIS PART OF THE SCENARIO TO MAKE IT PERTINENT TO THEIR OPERATION.)

Based on the above general scenario, each ambulance service provider must incorporate the following core elements into their respective disaster scenario:

- Activate and implement disaster plan
- Power outage--either short- or long-term
- Telephone outage--short- or long-term İ
- į Loss of at least one computer system or computer network critical to operations.
- Influx of patients/overcrowded hospitals with patient redirection İ

Optional elements that may be incorporated into disaster scenarios:

! Contaminated patients to be transported

- Insufficient staffing
- Breakdown of communications between ambulance personnel and hospitals į
- İ Insufficient supplies
- Patient evacuations from a hospital (due to internal facility disaster) į

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY 1999 STATEWIDE Y2K HOSPITAL READINESS EXERCISE

CONDUCT OF EXERCISE FOR AMBULANCE SERVICE PROVIDERS

Pre-Exercise Checklist

Preparing the Materials

Compile, at a minimum, the following materials:

- Y2K Exercise Guide from the Emergency Medical Services Authority.
- Your organization's anticipated exercise scenario.
- ' A time line and master sequence of events list for your organizational play.
- Your organization's exercise objectives check list to verify whether met or unmet.
- ' Messages to provide to the players either by hand, or over communications systems.
- ' A list of key phone numbers for your participants and outside organizations.
- ' Critique and other forms used by your organization, other than the ones in this Exercise Guide.

Coordination with Other Organizations

Contact other organizations involved in the exercise as soon as possible in order to ensure continuity of operation and to ensure there is no misinformation or misunderstandings about the time of play or level of play. Complete the following:

- ' Clearly identify the representative from the county and the hospitals, based on your role.
- ' Provide several phone numbers where you can be reached the day of the exercise, as well as relevant fax and e-mail addresses.
- ' Inform each other of potential conflicts or competing activities that may occur that day.
- ' Set protocols for interruptions, in case actual emergencies impact the exercise.
- ' Identify where any information is to be sent outside of your organization during the exercise, and how it is to be marked, e.g., "This is a Test", "This is a Drill," or "This is an Exercise."
- ' Meet with the other organizations during any briefings or training scheduled regarding the exercise.
- ' Contact the other organizations about any last-minute changes in play or communications.

Coordination with the Media

Work closely with your organization's Public Information Officer to define how the media will be addressed during the planning process, during the exercise, and afterwards. Ensure that the media releases are prepared ahead of time and that an area for briefing the media is prepared away from the exercise area if your organization believes it would be disruptive to completing the exercise objectives.

Defining the Scope of Play

Each organization will decide the scale and intensity of their play. The organizations involved should be aware if it is:

- A. A communications test: To be used in conjunction with B and/or C below.

 Involves the facility communication poll and transmission of the Exercise

 Ambulance Availability Form. This communications test must also test systems for effectiveness in the event a loss of power occurs.
- B. A table-top exercise: Only involving personnel in a discussion forum where players have access to their plans and procedures. Discussions occur surrounding a sequence of events in which the players respond verbally so that all present can understand their actions, and respond appropriately. Written or verbal messages are used by controllers to direct the play.
- C. A functional exercise: Involves "actual" play of a participant including movement of equipment or people, or transmission of communications and distribution of messages across communications systems. The players are expected to show their expertise in responding to exercise information through personal performance that can be observed by the controller or evaluators as a measure of whether an objective is met or unmet.

Reporting Intent

Each ambulance provider defines its own level of play by August 27, 1999:

Fax a completed copy of the "Intent to Participate" form to the designated **County** Y2K Exercise Contact (Attachment VI) by **August 27**, 1999.

Developing Local Scenarios in Accordance to the Master Sequence of Events List (MSEL)

Included in this guide is a master sequence of events (Attachment II). This list provides the overall anticipated schedule of activities that all participants are expected to incorporate into their play. However, each organization should have their own, more detailed MSEL so that the direction of all play is anticipated and controlled.

Exercise Conduct

Pre-exercise Survey of Resources

Changes often occur at the last minute. These can interfere with a successful exercise.

Organize a team of "checkers" who do nothing more than check facility readiness, materials, storage lockers, phones, and fax machines the evening before and the morning of the exercise.

Briefing of Players With Background Information

Prepare the players immediately before play begins with background information to set the scene. This Exercise Guide provides an excellent scenario opening to assist with that (Attachment III), but you may wish to include local details to further stimulate the player anticipation.

Facilities Survey of Resources During the Exercise

This Exercise Guide contains a copy of the Exercise Ambulance Availability Form (Attachments XI). It can be removed from the guide, or copied prior to use.

' Complete Exercise Ambulance Availability Form (Attachment XI) and transmit it to the normally designated county representative/agency from **0830 to 0900 hours** the day of the exercise.

Reporting

In order to qualify for a certificate of participation, the ambulance provider must:

' Complete a copy of the Y2K Exercise Evaluation (Attachment XII) form and return it to EMSA by September 22, 1999, as indicated on the form.



AMBULANCE SERVICE PROVIDER INTENT TO PARTICIPATE

THIS FORM MUST BE FAXED TO THE DESIGNATED COUNTY Y2K EXERCISE CONTACT BY FRIDAY, AUGUST 27, 1999

Name Provid				
Addre	ss:			
City:		_Zip:		
Key C	ontact:	for Disaster Planning:_		Telephone #:
FAX:		email:		
County:		Ambulance Pro	vider State License #:	
1.	G	e indicate whether you will participate in the Statewide, September 16, 1999 exercise Will participate Will not participate (<i>Skip next question</i>) Unsure at this time		
2.	G G	e indicate your anticipa Communications exe Table top exercise Functional exercise Unsure at this time		cipation during the September 16 exercise.

Please fax this form to the designated County Y2K Exercise Contact (Attachment VI).

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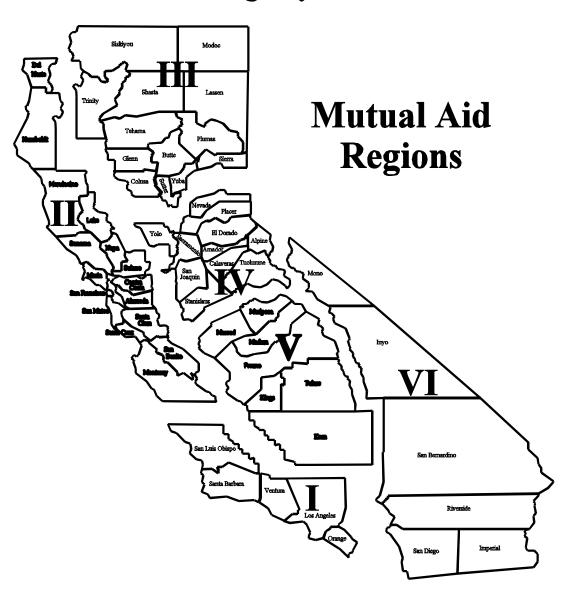
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See map of "Mutual Aid Regions" (Attachment VIII) for detail of Regions I - VI

Y2K Communications Action Kit

Background Summary

Some call it the "millennium bug"; others call it a computer problem. No matter what name is used, the year 2000 (Y2K) will undoubtedly affect everyone in some way.

By simple explanation, Y2K is a computer chip's inability to process dates later than Dec. 31, 1999. The problem stems from the way some computer systems – and other equipment containing computer chips – were programmed to process date information. To conserve memory, dates were stored as two-digit – rather than four-digit – numbers, with all dates assumed to be between 1900 and 1999. Thus, the year 2000 would be stored as "00" and assumed to be 1900; the year 2001 as "01" and assumed to be 1901; and so on.

If equipment containing a computer chip relies on the date to function, it will likely malfunction once the clock rolls around to 2000 *if* it has not been fixed to be Y2K compliant. To add to the confusion, Jan. 1, 2000, is not the only date to be concerned about. For example, some programmers used Sept. 9, 1999, (9/9/99) to indicate an invalid date field. Also of concern is the fact that 2000 is a leap year, which also may throw off programming.

What Impact Will Y2K Have on Ambulance Service and Health Systems?

Health care will be uniquely impacted by Y2K because ambulance service and health systems rely on thousands of medical devices and pieces of equipment to serve patients. In addition, they use computer software to perform administrative functions, such as payroll, purchasing, billing and credentialing. They also use computer software for physical plant and building infrastructure, such as elevators and security systems. Operational systems such as electricity, phone lines, heating and air conditioning may be affected. Every day, ambulance services and health care facilities rely on a variety of outside organizations and companies, such as medical suppliers, vendors and public utilities, to deliver care. These are all likely to be affected by Y2K.

However, Y2K isn't just about technology, its also about credibility. California ambulance services must be ready to provide safe and necessary patient care in January of next year. In general, ambulance services and health systems will have to focus on three areas in their Y2K preparation: 1) medical devices and clinical equipment; 2) information systems; and 3) physical plants and infrastructure. Ambulance providers and health systems are keenly aware of the problem and have taken many steps to prepare for the millennium bug, which

have typically included:

- establishing a Y2K project team led by a senior member of management;
- researching Internet databases for background information;
- preparing an inventory of Y2K-affected equipment, computers and software;
- obtaining equipment-compliance information from manufacturers and vendors;
- testing *all* devices and equipment (not just a sampling) and taking the appropriate steps to repair or replace if necessary;
- communicating and working with manufacturers and vendors to repair or replace noncompliant equipment, computers and software;
- subscribing to device-tracking and notification services that will provide status changes on device compliance;
- developing a repair and/or replacement plan to deal with noncompliant devices, equipment, and computer hardware and software;
- preparing an action plan to deal with potential malfunctions on or about Jan. 1, 2000;
- establishing a central file to document the ambulance provider or health system's Y2K process and all related communications; and
- establishing a contingency plan to prepare for unforeseen circumstances and working with other community sectors (i.e., public utilities, transportation, water supply, etc.) to ensure Y2K readiness from all perspectives.

Medical Devices: Y2K Mission Critical

To ensure the seamless delivery of health care services and to help prevent any interruption in patient care, ambulance providers and health systems have focused first on areas identified as "mission critical" -- those that could potentially endanger life or health. Some medical devices, in particular, fall into the mission-critical category. Examples include defibrillators, ventilators, cardiac monitors and other life-support equipment.

Ambulance providers and health systems depend on manufacturers and the medical-device industry to provide information on the Y2K-compliance status of mission-critical equipment and many other devices. This reliance has led many providers to express concerns regarding manufacturers that have been less than forthcoming in providing Y2K-compliance information.

In an attempt to improve this situation, President Clinton signed The Year 2000 Information and Readiness Disclosure Act (Good Samaritan legislation) in October 1998. The legislation is designed to shield from liability the sharing of information among businesses that provide Y2K status in good faith. The law also encourages all parties – providers, suppliers, manufacturers and others – to work together and promote disclosure and exchange of Y2K information. To gain immunity, specific language must be used on written documents regarding Y2K compliance. It is important to have legal staff review

all Y2K materials.

Also, in early July of this year, Congress passed a Y2K liability bill which President Clinton is expected to sign. The bill includes language making it clear that hospitals sued for a Y2K – related event can, in turn, sue the device manufacturer. The compromise would give companies a grace period to fix Y2K – related problems before being sued.

Ambulance Providers Must be Prepared with Communication Plans

Ambulance providers should review their current crisis communications and disaster preparedness plans to ensure they are up to date and will work as well in a Y2K emergency as they would in other emergencies, such as severe weather or major accidents. It is highly unlikely Y2K will cause a catastrophic impact in California or the rest of the nation. However, there is some potential for facility, local or regional impact that will affect ambulance operations and communications. It is imperative that ambulance services are prepared with up-to-date disaster plans and employees are well informed regarding how to implement the preparation, response and recovery elements of those plans.

Ambulance Service Providers Must Think Beyond Y2K Problems

Ambulance services and health systems are busy preparing internally for problems that may result from the malfunction of microchips and computer software, but they also must acknowledge and prepare for problems likely to occur that are not related to the "millennium bug." These problems may include New Year's Eve celebrations in public and private venues that lead to rioting and/or damage to community property, as well as a significant increase in drinking and driving, auto accidents, drug overdoses, gang violence and use of weapons. Crowding in the streets may cause traffic congestion, which could impact the ability of emergency vehicles to pass through.

In order to address these potential problems, ambulance services and health care providers must work with cities and counties to implement emergency operations plans in the event of unfavorable New Year's Eve revelry, as well as alert community members to the serious consequences that may result from overzealous celebratory activities.

At this point in Y2K preparation, it is critical that ambulance providers and health systems begin to focus on contingency planning. Given the complexity of the health care system, no organization will have found and fixed all of its Y2K bugs. This means ambulance services and health systems also should develop action plans for responding to the potential loss of any essential processes or services. These efforts need to be directed both internally across facilities, and externally within communities, to include utilities, fire/police, ambulance and other health care providers.



STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY 1999 STATEWIDE Y2K HOSPITAL READINESS EXERCISE

AMBULANCE AVAILABILITY FORM

*** This form should reflect ambulance status as of 0800 hrs. on September 16, 1999 ***

Please complete the form and fax it to the designated County representative/agency from 0830 to 0900 hrs.

Name of Provider:						
Address:	City:	Zip:				
Key Contact for Disaster I	Planning:	Telephone #:				
FAX:	email:	County:				
Ambulance Provider State	License #:					
As of: 0800 hrs. On: Sept. 16, 1999	Number of Licensed Ambulances Owned	Number of Fully Staffed and EquippedAmbulances Available to Respond to Calls at 0800 Hours	Additional Number of Fully Staffed and Equipped Ambulances That You Can Have Available in 2 Hours for Disaster or Mutual Aid Response			
Basic Life Support						
Advanced Life Support	t					
TOTAL						
AMBULANCE PROVIDE	CR SERVICE STATUS (Please circle	e one):				
Green	Yellow	Red E	Black			
"Green":	Provider is able to carry out	Provider is able to carry out normal operational functions.				
"Yellow"	*	Some reductions in patient services, but overall, provider is able to carry out normal operational functions.				
"Red":	Significant reductions in pa	Significant reductions in patient services. Emergency services only being provided.				
"Black":	Provider has been severely a	Provider has been severely affected. Unable to continue any services.				



C.

Don't know

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY SEPTEMBER 16, 1999 DISASTER EXERCISE FOR HEALTH CARE FACILITIES

Y2K EXERCISE EVALUATION FOR AMBULANCE SERVICE PROVIDERS

Please answer all questions and fax or mail this form to the EMS Authority by <u>WEDNESDAY</u>, <u>SEPTEMBER 22, 1999</u>. A Certificate of Participation will be provided only upon receipt of this document.

Addre	ess:	City:	Zip:		
Key C	Contact for Disaster P	lanning:	Telephone #:		
FAX:		email:	County:		
Ambu	lance Provider State	License #:			
RACI	KGROUND INFOR	MATION:			
1.			ES Mutual Aid Region your service is in (see attached		
	County/Region Di	rectory).			
	A. Region I				
	B. Region II				
	C. Region II				
	D. Region I				
	E. Region V				
	F. Region V				
	G. Don't Kr	lOW			
2.	Select the <u>single best answer</u> that describes your service.				
		e Support			
		d Life Support			
	C. Both A a	nd B			
	D. Other				
3.	Indicate the single	best answer that describes your or	ganization.		
	A. Private b	usiness			
	B. Fire Serv	ice affiliate			
		District or Local Government (other	than Fire Service)		
	D. Hospital	affiliate			
	E. Other				
4.	Indicate your participation level during this exercise.				
		ications exercise only			
	B. Table top				
		al exercise			
	D. Other				
_					
5.		our disaster plan during this exerci	se'?		
	A. Yes				
	D No				

6.	Does your disaster plan include the Incident Command System (ICS)?					
	A.	Yes				
	B.	No				
	C.	Do not know what ICS is				
7.	Did y	ou test your back-up generator under load?				
	A.	Yes				
	В.	No				
	C.	Do not know				
	D.	Do not have one				
8.		Did you implement an alternative communication system (other than telephone) to reach your ambulance crew				
		or hospitals during the exercise?				
	A.	Yes				
	B.	No San All				
	C. E.	Don't know N/A				
9.	Ident A.	ify the communication system(s) that were utilized (circle all that apply). HEAR radio				
	В.	ReddiNet				
	C.	EMSystem				
	D.	HAM				
	D. Е.	Internet				
	F.	Other				
	G.	None				
	G.	None				
10.	•	ou test a simulated failed computer system or network during the exercise?				
	A.	Yes				
	B.	No				
	C. D.	Do not know N/A				
	D .	IV/A				
11.		Did you implement methods to respond to a large patient flow, causing subsequent hospital overcrowding with redirection of patients, during the September 16 exercise?				
	A.	Yes				
	В.	No				
	Б. С.	Do not know				
12.	Did your operation deal with contaminated patients during the exercise?					
	A.	Yes No				
	B. C.	Do not know				
	D.	N/A				
13.		many contaminated patients did you plan to handle and transport?				
13.	A.	< 5				
	B.	5-20				
	C.	21-50				
	D.	> 50				
	E.	N/A				
14.	Has your operation created staff contact lists to activate should additional personnel be needed during a real Y2K					
	event					
	Α.	Yes				
	B.	No				
	C.	Do not know				
	D.	N/A				

B. No C. Do not know D. N/A Did you simulate supply shortages during the exercise? 16. A. Yes B. No C. Do not know D. N/A 17. Did you simulate requesting additional supplies from medical vendors during the exercise? A. Yes B. No C. Do not know D. N/A 18. Did you simulate support of a hospital involved with a patient evacuation during the exercise? A. B. No C. Do not know N/A D. 19. Were you satisfied with the Statewide exercise? Yes, very satisfied Yes, moderately satisfied B. C. Dissatisfied Would you like to participate in future Statewide exercises? 20. A. Yes

Did you establish alternative communications with hospitals during the exercise?

15.

B.

C.

No

Do not know

Thank you for your participation with this survey. Please mail or fax this <u>COMPLETED Y2K EXERCISE</u> <u>EVALUATION BY WEDNESDAY, SEPTEMBER 22, 1999 to:</u>

The Emergency Medical Services Authority 1930 9th Street, Suite 100 Sacramento, CA 95814-7043

Attn: Disaster Medical Services

Fax #: (916) 323-4898